Yale
NewHaven
**Health**

# Your 2022 Health Care Benefits Connection

**Yale New Haven Health System**

# What's Inside

# 2022 Open Enrollment

## Make a change October 25 – November 5, 5 p.m. ET

### Time to make your 2022 benefit decisions.

The Open Enrollment period begins October 25. We encourage you to review your current benefit choices to make sure they will continue to meet your needs in 2022.

Open Enrollment is your once-a-year opportunity to make changes to your benefits so they continue to be the right fit for you and your family. Outside of experiencing a qualifying life event, it's the only time you can change plans or add or remove dependents.

**You only need to take action if:**

- **You want to change your current benefit plan choices.**
- **You want to change or add coverage for family members.**
- **You want to participate in a Flexible Spending Account during 2022.**
- **You want to enroll in one of the voluntary benefit programs.**

**If you don't take action by November 5:**

- **You will not have a Health Care or Dependent Care Flexible Spending Account for 2022.**
- **You and any dependents currently on your plan will have the same medical, dental, and vision coverage for 2022, at the 2022 monthly premiums.**
- **If you waived coverage for 2021, your coverage will be waived for 2022.**

### Connect to your 2022 benefits

HRConnect Call Monday–Friday, 7:30 a.m.–5 p.m. ET
844-543-2147
Make a change for 2022: ynhhsbenefits.com

## What You Need to Know

This year we are keeping things simple with just a few enhancements to the YNHHS Medical Plan, dental, and vision benefits, and there are no changes to the HDHP Medical Plan. Whether or not your plan is changing, we encourage you to take a moment to review your current benefit choices and coverage level to make sure they will continue to meet your needs in 2022.

## What's Changing for 2022

- Your Medical Plan. **Beginning January 1, the new YNHHS Medical Plan annual deductible for Anthem PPO providers will be reduced by 50%:**
  - **Individual: $1,750 ($3,500 in 2021)**
  - **Family: $3,500 ($7,000 in 2021)**
- Delta Dental Basic and Plus Plans. **The plan will cover the following services beginning January 1:**
  - **Fluoride treatment for children under the age of 19**
  - **An oral health enhancement option that provides two additional cleanings a year for people with periodontal disease**
- Vision Plan. **The LightCare benefit will be available with the Basic Vision Plan and EasyOptions Premier Plan beginning January 1:**
  - **LightCare: The frame allowance can be used toward ready-to-wear (not prescription) sunglasses or blue light filtering glasses from a VSP provider. Selecting this option replaces the frame and lens benefit.**
- **Health Care and Dependent Care FSA.** Due to a temporary pandemic relief rule, there is no limit on the Health Care and/or Dependent Care FSA balance you can roll over from 2021 into 2022. For example, if you have a $700 balance in your Health Care FSA at the end of this year, you can carry it all over into 2022 (the usual limit is $550).

## What You Need to Do

- **Review this book for your medical, dental, and vision plan options, and consider how your needs may be different for 2022.**
- **Add or remove dependents, as needed.**
- Make your **Dependent Care Flexible Spending Account** or **Health Care Flexible Spending Account** contribution elections for 2022**.** Note: The temporary pandemic relief change removes limits on balanceroll overs from 2021 to 2022.
- **Make a change to your benefit elections for 2022, if needed. You can return to the enrollment site at any time to change your elections between October 25 and November 5 at 5 p.m. ET.**
- **Print a copy of your enrollment confirmation and keep it for your records.**

## Things to Keep in Mind

- If you have a **Health Care FSA,** you have until March 31, 2022, to submit claims for 2021.
- **If you are enrolled in the YNHHS Medical Plan, use Signature network providers.** When you do, there's no deductible and you'll pay less for services. Connect with a Patient Resource Coordinator to assist you with your Tier 1/Signature network needs. Call 844-543-2147, option 3, to get started.
- Don't skimp on care. **Although you may be tempted to put off a doctor's visit, it's always better to get care sooner, rather than later. Use your telehealth benefit to get the care you need, when you need it—without leaving home.**

- Plan for the unexpected **by providing additional financial security for your family. Through YNHH voluntary benefits, you can purchase group hospital indemnity, group legal, and group critical illness insurance at prices that are typically below market rates. You can also enroll in auto, home, and pet insurance, student loan refinancing, or identity theft protection at any time of the year.**
- It's a good idea to review your 403(b) and life insurance beneficiaries **every year, and make changes, as needed.**
- If you participated in the Know Your Numbers Plus program in 2021, **you'll see your annual employee premium credit on your enrollment confirmation statement. If you did not participate this year or you're a new hire, you'll be able to participate in 2022 to earn credit toward your 2023 medical premium.**

## If You Take No Action During Open Enrollment

- **You will be unable to contribute to a Health Care or Dependent Care FSA in 2022.**
- **You and any dependents you currently cover (if eligible) will be automatically enrolled in the same medical, dental, and vision plans you had in 2021.**
- **If you waived plan coverage in 2021, your coverage will remain waived in 2022.**

# Eligibility

**WHAT YOU NEED TO KNOW**

If you're eligible for benefits, you can enroll yourself, your spouse, and/or your dependent children in medical, prescription drug, dental, and vision coverage—plus other voluntary and financial benefits. Your benefits are effective on your first day of employment or first of the month following 30 days if your status changes to benefits-eligible.

## Who's Eligible for Coverage

You're eligible for benefits if you're a full- or part-time employee of any of the following:

- **Bridgeport Hospital**
- **Corporate Professional Business Services (CPBS)**
- **Greenwich Hospital**
- **Home Care Plus (HCP)**
- **Northeast Medical Group (NEMG)**
- **Yale New Haven Care Continuum (Grimes Center)**
- **Yale New Haven Health Services Corporation (HSC)**
- **Yale New Haven Hospital**

If you're eligible, you can also enroll:

- **Your legal spouse**
- **Your dependent children under age 26:**
  - **Biological children**
  - **Stepchildren**
  - **Adopted children, including those placed for adoption**
  - **Foster children**
  - **Any children for whom you are responsible per court order**
- **Your dependent children over age 26, if fully dependent on you for support due to a disability and covered by you prior to age 26**

### Supporting documentation required for dependents

To enroll your dependents, you'll need to provide applicable supporting documentation such as a marriage certificate, birth certificate, court order, or federal income tax return. For details, visit HRConnect.

## Coverage Under Multiple Plans

When you or members of your family are covered under more than one medical and/or dental plan, your plan coordinates benefits to prevent duplication and overpayment of benefits. Here's how that works:

**When you (the employee) are the patient**
Your plan will be the first to pay benefits. The other plan will then pay benefits according to its policies after you submit the claim.

**When your spouse is the patient**
His/her plan will pay benefits first. Then, your plan will pay its normal benefits, minus any benefits paid by your spouse's plan. If his/her plan pays benefits that are equal to or greater than the benefits your plan would otherwise pay, your plan will not pay benefits.

**When your child is the patient and he or she is covered by your plan and your spouse's plan**
The dates of your and your spouse's birthday will drive which plan pays benefits first. The plan of the person whose birthday occurs earlier in the year will pay benefits first. If your plan pays benefits second, its normal benefit will be reduced by the amount paid by the other plan.

# Enrollment

**WHAT YOU NEED TO KNOW**

As a new employee, you must enroll in benefits within 30 days, or you and your dependents will have no medical, prescription drug, dental, or vision coverage. You'll have to wait until the next open enrollment period to elect these benefits, unless you experience a qualifying life event.

Don't forget—you'll need supporting documentation to enroll your dependents.

## When to Enroll

Enroll for the following benefits within 30 days of your first day on the job, during the annual open enrollment period, or within 31 days of experiencing a qualifying life event:

- **Medical coverage**
- **Prescription drug coverage**
- **Dental coverage**
- **Vision coverage**
- **Dependent Care Flexible Spending Account (DC FSA)**
- **Health Care Flexible Spending Account (HC FSA)**
- **Group legal plan (voluntary benefit)**
- **Hospital indemnity coverage (voluntary benefit)**
- **Group critical illness insurance (voluntary benefit)**

As a new employee, you're automatically enrolled in the 403(b) plan at a 2% contribution level after 60 days of employment. You can increase or decrease your contribution at any time.

Enroll at any time for:

- **Auto and home insurance (voluntary benefit)**
- **Pet insurance (voluntary benefit)**
- **Identity protection (voluntary benefit)**
- **Student loan refinancing program (voluntary benefit)**

To learn more about your voluntary benefits options, review the voluntary benefits options. To enroll, call **866-874-2837** or visit the voluntary benefits website.

## When Changes Are Allowed

After you enroll, you can make changes only during annual open enrollment or within 31 days of experiencing a qualifying life event:

- **Marriage**
- **Divorce**
- **Childbirth/adoption**
- **Coverage loss or gain**

You must submit documentation that supports the event.

## How to Enroll

To enroll or make changes to your benefits, visit bswift, our secure, online enrollment website. You'll be prompted to enter your YNHHS username and password. If you run into problems, call HRConnect at **844-543-2147**.

Need more info first? You'll find details at HRConnect.

# Yale New Haven Health System (YNHHS) Medical Plan

**WHAT YOU NEED TO KNOW**

The YNHHS Medical Plan connects you to the world-class care provided by our Signature networks of facilities and providers. Of course, you can also use Anthem PPO or out-of-network providers, but you'll usually pay more if you do. The medical plan is administered by Anthem Blue Cross and Blue Shield.

## Connect with YNHHS Provider

The Signature network includes: YNHHS facilities/hospitals, PCP's from NEMG, Community Medical Group (CMG), Yale Medicine (YM), WestMed in CT, Trinity Health of New England hospitals and affiliated physicians. Also included are specialists from YM, NEMG, CMG and Trinity Health, and those credentialed at YNHHS.

## How the Plan Works

The YNHHS Medical Plan is designed to help keep you and your family healthy. Used in tandem with your other benefits—including care and condition management and coaching services—it's here to support you when you need care.

- **You'll pay nothing for preventive care—including some preventive tests and prescription medications—when you use network providers.**
- **If you choose to use an Anthem network provider, you'll first have to meet an annual deductible before the plan begins to share costs. After you meet your deductible, you'll pay a copay or coinsurance for services.**
- **Behavioral health and substance abuse benefits are included in the medical plan.**
- **You only need to meet one combined annual out-of-pocket maximum for medical and prescription drugs. All your copays and coinsurance for covered services are applied toward this maximum. Once the out-of-pocket maximum is met, the plan pays 100% of eligible expenses for the remainder of the calendar year for each enrolled person.**
- **Special rules apply when you or your covered dependents are covered by more than one plan.**

You may choose to waive medical coverage if you're covered by another plan or your spouse is a YNHHS employee.

How much you pay for care depends on the provider or facility you choose:

### Signature Network—YNHHS Facilities & Providers

When you use a Signature network provider and facility, you'll pay less for covered services. You pay a flat copay for care and do not have to pay a deductible before the plan begins to pay benefits.

**Note:** Some Signature Network providers also provide care at facilities that are not in our health system. If you receive care at these other sites, you will pay higher costs for these facilities. For example, a surgeon who practices at Signature network facilities may also perform surgery at private surgical centers. If your surgery is done at a private center, you would pay the Anthem PPO network or Out-Of-Network rate for the doctor and the facility.

- **You'll generally pay a flat copay for care when you use Signature network providers and facilities, including:**
  - **Facilities owned by Yale New Haven Health and Trinity New England**
  - **Our Signature Clinician network of Signature primary care providers and specialists who are credentialed at a facility owned by Yale New Haven Health**
- **For a complete list of the Signature network providers, visit HRConnect.**
- **Once you meet your annual out-of-pocket maximum, the plan will pay 100% of covered expenses through that calendar year.**

### Anthem PPO Providers

When you choose to receive care from an Anthem Century Preferred Network provider:

- **You'll need to meet your annual deductible before the plan begins to share the cost of your care.**
- **After you meet your deductible, you'll generally pay 20% coinsurance or a copay until you reach your annual out-of-pocket maximum.**
- **Once you meet your annual out-of-pocket maximum, the plan will pay 100% of covered expenses through that calendar year.**

To find a provider in the Anthem Century Preferred Network, visit the Anthem website (http://anthem.com/) or call **888-266-2896**.

### Out-of-Network Providers

When you use a provider or facility that is not in the Signature or Anthem Century Preferred Network:

- **You'll pay the most for care.**
- **Anthem will pay a maximum allowable amount (MAA) for covered services.**
- **You will be responsible for costs up to your annual deductible, coinsurance, and any difference between the MAA and the amount billed by the provider.**
- **You'll need to file a claim for the care to be covered. Payments will be made directly to the provider unless you submit a bill showing you've paid it already. Get a claim form and instructions.**

## No-cost vaccines for you and your dependents

You and your covered dependents can get no-cost vaccines for shingles, pneumonia, flu (ages 18 and older only), tetanus/diphtheria, and hepatitis A and B through the CVS Caremark Broader Vaccination Network.

## What You Pay for Care

Below is a summary of how certain services are covered. For a more complete list and any limitations, visit HRConnect to view the summary plan description (SPD).

To see employee premium contributions for the medical plan, visit the enrollment site (http://ynhhsbenefits.com/).

| Plan Feature | Signature Facility/ Provider | Anthem PPO Provider | Out-of-Network Provider |
|---|---|---|---|
| **Annual Deductible** | Individual: $0<br>Family: $0 | Individual: $1,750<br>Family: $3,500 | Individual: $10,000<br>Family: $20,000 |
| **Out-of-Pocket Maximum**[1] | Individual: $3,000<br>Family: $6,000 | Individual: $8,150<br>Family: $16,300 | Individual: $30,000<br>Family: $60,000 |
| **Office Visits and Physician Services** | | | |
| **Primary Care Visit**[2,3] (in-person or electronic) | $10 copay | $30 copay | 50% of MAA* after deductible |
| **Specialist Office Visit**[2] (in-person or electronic) | $25 copay | $50 copay | 50% of MAA* after deductible |
| **Routine Adult Exam**[2,4] | 0%, no copay | 0%, no copay | 50% of MAA* after deductible |
| **Doctor or Surgeon Services**[5] | 0%, $0 copay | 20% after deductible | 50% of MAA* after deductible |
| **Allergy Shot in Doctor's Office** (no MD visit) | $10 copay | $30 copay | 50% of MAA* after deductible |
| **Nutrition Counseling and Diabetes Self-Management Training** | 0%, no copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Women and Children** | | | |
| **Well-Woman Visit** (OB/GYN preventive exam)[6] | 0%, $0 copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Mammography**[7] (including 3D and bone density test) | 0%, $0 copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Screening Breast Ultrasound** (if dense breast tissue or a history) | $20 copay | $20 copay | 50% of MAA* after deductible |
| **Maternity Care**[8] (initial visit) | $10 copay | $30 copay | 50% of MAA* after deductible |
| **Well-Baby/Well-Child Care**[2,9] | 0%, $0 copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Specialized Infant Formula** | n/a | 50% coinsurance | 50% of MAA* after deductible |
| **Infertility Services**[10] | 100% up to lifetime max with limits for certain services | 50% up to lifetime max with limits for certain services | n/a |
| **Ancillary Services** | | | |
| **Lab Services** | $25 copay | 20% after deductible | 50% of MAA* after deductible |

| Plan Feature | Signature Facility/ Provider | Anthem PPO Provider | Out-of-Network Provider |
|---|---|---|---|
| **Diagnostic Testing**[11] (facility charges only) | $25 copay | 20% after deductible | 50% of MAA* after deductible |
| **High-Tech Diagnostic Imaging**[12] (facility charges only) | $100 copay | 20% after deductible | 50% of MAA* after deductible |
| **Colorectal Cancer Screening**[13] | 0%, $0 copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Chiropractic Visits**[14] | n/a | $30 copay | 50% of MAA* after deductible |
| **Cardiac Rehabilitation**[14] | $10 copay | $30 copay | 50% of MAA* after deductible |
| **Physical and Occupational Therapy**[14] | $10 copay | $10 copay | 50% of MAA* after deductible |
| **Speech Therapy**[14] | $10 copay | $10 copay | 50% of MAA* after deductible |
| **Inpatient and Outpatient Care** | | | |
| **Inpatient Hospital Services**[15] | $250 copay | 20% after deductible | 50% of MAA* after deductible |
| **Outpatient Surgery**[16] | $100 | 20% after deductible | 50% of MAA* after deductible |
| **Infusion and Radiation Therapy** (including medications)[17] | $25 copay | 20% after deductible | 50% of MAA* after deductible |
| **Pathologists, Radiologists, and Anesthesiologists**[17] | 0%, $0 copay | 0%, $0 copay | 50% of MAA* after deductible |
| **Behavioral Health and Substance Abuse** | | | |
| **Inpatient Treatment** (facility charges only) | $250 copay | 20% after deductible | 50% of MAA* after deductible |
| **Outpatient Treatment**[18] | $10 copay | $10 copay | 50% of MAA* after deductible |
| **ABA Therapy**[19] | n/a | $10 copay | 50% of MAA* after deductible |
| **Urgent and Emergency Care and Telehealth** | | | |
| **Emergency Department** | $250 copay | $250 copay | $250 copay |
| **Urgent Care Facility and Walk-In Medical Center** | $25 copay | $50 copay | $50 copay |
| **Ambulance** | n/a | 0% | 0% |
| **Telehealth** (OnDemand and LiveHealth Online only) | 0%, $0 copay | $30 copay | Not covered |
| **Observation** (non-emergency related) | $100 copay | 20% after deductible | 50% of MAA* after deductible |
| **Non-Acute Care** | | | |
| **Skilled Nursing Facility**[20] | 20% coinsurance, no deductible | 20% coinsurance, no deductible | 50% of MAA* after deductible |

| | | | |
|---|---|---|---|
| **Home Health Care**[21] | 20% coinsurance, no deductible | 20% coinsurance, no deductible | 50% of MAA* after deductible |
| **Hospice Care**[22] | n/a | 20% coinsurance, no deductible | 50% of MAA* after deductible |
| **Other** | | | |
| **Durable Medical Equipment** | n/a | 20% coinsurance, no deductible | 50% of MAA* after deductible |
| **Hearing Aids**[23] | n/a | 50% coinsurance, no deductible | 50% of MAA* after deductible |
| **Orthotics** | n/a | 50% coinsurance, no deductible | 50% of MAA* after deductible |

* Maximum allowable amount.

[1] Amounts paid toward care provided by all in-network providers accumulate toward both the YNHHS and Anthem PPO out-of-pocket maximums. However, when the YNHHS in-network out-of-pocket maximum has been reached, amounts paid for YNHHS in-network care no longer accrue toward the Anthem PPO out-of-pocket maximum. Amounts paid for Anthem PPO in-network care continue to accrue until the Anthem PPO out-of-pocket maximum is met.

[2] Tests (e.g., some lab work) that are associated with office visits may be subject to a copay or deductible and coinsurance if they are not mandated by the ACA. Check with your provider or call Anthem to determine if a specific test is covered at 100%.

[3] A list of Signature providers is posted to: http://ynhhs.org/hrconnect

[4] One exam every calendar year starting at age 22 (includes immunizations).

[5] Other than office visit; includes maternity claims.

[6] One per calendar year. All other OB/GYN office visits are covered at the specialist office visit benefit level.

[7] Screening mammography only. Does not include breast ultrasounds.

[8] Prenatal care and delivery. Well visits to the obstetric provider are billed with one global fee that includes trimester visits, delivery, and postpartum care. Any maternity-related tests that are needed, such as blood work, glucose tolerance tests, stress tests, ultrasounds, or amniocentesis, are billed separately. Inpatient hospital and doctor or surgeon services also apply.

[9] Seven exams from birth to age 1 year; seven exams from ages 1 to 5; one exam from ages 6 to 21.

[10] The plan covers in-network fertility services only through YNHHS and Anthem PPO providers. YNHHS providers: Yale Reproductive Endocrinology and Infertility (REI) Center and YNHHS Apothecary. 100% up to lifetime max of $14,000 for medical and freezing and transferring embryos, and 100% up to lifetime maximum of $2,000 for prescription drugs through the pharmacy benefit. Anthem PPO providers: 50% of covered medical services at a participating Anthem provider, plus covered prescription drugs at a participating CVS Caremark pharmacy, up to a combined lifetime maximum of $10,000.

[11] Includes x-rays, echo stress tests, ultrasounds, diagnostic mammograms, sleep studies, and EKGs. Patients will receive a bill for the reading of the diagnostic testing and imaging (covered under “Doctor or Surgeon Services”).

[12] PET, SPECT, MRI, MRA, CTA, and CAT.

[13] Diagnostic colonoscopies covered under the outpatient surgery benefit level. Includes fecal occult blood test, barium enema, flexible sigmoidoscopy, and screening colonoscopy.

[14] Chiropractic, physical therapy, occupational therapy, and speech therapy combined maximum: 50 visits per calendar year. Cardiac rehabilitation maximum: 36 visits per calendar year

[15] Room and board, lab work, medical supplies, and other hospital ancillary services.

[16] Hospital or surgical center facility charges only.

[17] Some Tier 1 providers send lab work to a Tier 2 lab. In this case, the lab work is covered as a Tier 2 benefit.

[18] The Employee and Family Resources (EFR) program provides up to six (6) confidential counseling sessions at no cost.

[19] Applied behavioral analysis, up to age 21.

[20] Up to 120 days per calendar year after a hospital stay.

[21] Up to 120 days per calendar year.

[22] Up to 60 days per calendar year.

[23] Two hearing aids every 36 months.

# Save With Signature Providers & Facilities

The following examples* show how using a Signature provider and facility can save you money. As a reminder, if you use a Signature provider but your care takes place in a facility that is not in our network, the facility expenses will be covered as Anthem or out-of-network care.

## Example #1: Signature Savings

Tony saves $5,750 using a Signature provider and Signature facility for his knee surgery.

| | YNHHS Signature Provider and Facility | Anthem PPO Provider & Facility |
|---|---|---|
| Facility Charge Allowed | $20,000 | $20,000 |
| Doctor or Surgeon Fees Allowed | $3,000 | $3,000 |
| Annual deductible (paid by Tony) | $0 | $1,750 |
| Amount Left to Pay | $23,000 | $21,250 |
| **Tony's Cost after Deductible** (including inpatient copay/coinsurance) | $250 | 20% = $4,250 |
| Total Amount Plan Pays | $22,750 | $17,000 |
| **Total Amount Tony Pays** | **$250** | **$4,250 + $1,750 = $6,000** |

## Example #2: Signature Provider + Anthem Facility Costs

If Tony had the same procedure but it takes place in an Anthem facility, he will spend $5,150 more than in the first example.

| | YNHHS Signature Provider | Anthem Facility |
|---|---|---|
| Facility Charge Allowed | N/A | $20,000 |
| Doctor or Surgeon Fees Allowed | $3,000 | N/A |
| Annual Deductible (paid by Tony) | $0 | $1,750 (for Anthem facility) |
| Amount Left to Pay | $3,000 | $18,250 |
| **Tony's Cost after Deductible** (including inpatient coinsurance) | $0 owed for doctor or surgeon fees + 20% for facility = $3,650 ($18,250 x 20% = $3,650) | |
| Total Amount Plan Pays | $3,000 | $14,600 |
| **Total Amount Tony Pays** | **$5,400 ($1,750 deductible + $3,650 coinsurance)** | |

## Example #3: Anthem PPO Provider + Anthem Facility Costs

If Tony uses an Anthem provider and an Anthem facility, he will spend $600 more than in the second example.

| | Anthem PPO Provider & Facility |
|---|---|
| Facility Charge Allowed | $20,000 |
| Doctor or Surgeon Fees Allowed | $3,000 |
| Annual deductible (paid by Tony) | $1,750 |
| Amount Left to Pay | $21,250 |
| **Tony's Cost after Deductible** (including inpatient copay/coinsurance) | 20% = $4,250 ($21,250 x 20%) |
| Total Amount Plan Pays | $17,000 |
| **Total Amount Tony Pays** | **$4,250 + $1,750 = $6,000** |

*These examples are for illustrative purposes only. Your actual cost share may vary depending on the care you receive, the facility used, and specifics if you're admitted as an inpatient. These examples are not provided as a guarantee of coverage or an actual estimate of specific benefits under the plan.

## When to Connect With Anthem

For a medical stay and/or service preauthorization, call **800-238-2227** (in Connecticut) or **800-248-2227** (out of state). For behavioral health or substance abuse stays, call **800-934-0331**.

Before receiving any of these services, you must call Anthem for preauthorization. Otherwise, your benefits will be reduced.

- Inpatient stays **in a hospital, skilled nursing facility, hospice facility, subacute care or acute rehabilitation facility, or behavioral health or substance abuse treatment center (call at least 24 hours before the start of your stay)**
- High-cost diagnostic imaging services **prescribed by an out-of-network provider**
- Organ/tissue transplants, **including evaluation, donor search, organ procurement/tissue harvest, or transplant**

For admissions following emergency or urgent care, you, your representative, or your doctor must call Anthem within 48 hours of admission.

### If you do not precertify for the services above:

- **Benefits for inpatient stays will be reduced by $200.**
- **Benefits for doctor fees will be reduced by 25%.**

### You can also connect with Anthem to:

- **Find a provider in the Anthem Century Preferred Network**
- **Resolve insurance claim and billing issues**
- **Ask questions about preventive and/or diagnostic care**
- **Get general health information**

# Urgent Care & Telehealth

**WHAT YOU NEED TO KNOW**

Can't wait to see a doctor? Urgent care and telehealth services help you quickly connect with affordable care.

## Urgent Care

When you need immediate care for an illness or injury, you can visit the nearest YNHHS walk-in facility or a PhysicianOne Urgent Care center (CT locations only). To locate an urgent care center close to you, visit HRConnect and search for urgent care.

You'll pay a $25 copay when visiting a YNHHS facility, and you'll pay more if you use other providers.

## Telehealth

Telehealth is an ideal alternative for immediate treatment of an illness or injury when you can't get to a doctor's office or urgent care center.

You and your covered family members can visit a doctor virtually, wherever you are, whenever you need care—via phone, tablet, or computer. If you need medication, the doctor can even send a prescription to your pharmacy (within Connecticut, New York, Massachusetts, and Rhode Island).

Use the telehealth services below to connect to care outside the usual office hours. **Telehealth is not an alternative to emergency care for a life-threatening condition.**

## OnDemand

See one of our own Northeast Medical Group (NEMG) providers weekdays from 7 a.m. to 7 p.m. ET, excluding holidays. To get started, download the MyChart mobile app.

The NEMG providers you see OnDemand can:

- **Diagnose symptoms**
- **Order testing**
- **Prescribe medication**
- **Send prescriptions to the pharmacy of your choice in Connecticut, New York, Massachusetts, and Rhode Island.**

OnDemand does not cover pediatric services. Find more information about OnDemand at HRConnect.

### How It Works

1. **Register with MyChart online at ynhhs.org/ondemand or through the mobile app.**
2. **Schedule your OnDemand visit. You'll get reminder emails, phone calls, and app pushes to remind you of your upcoming visit.**
3. **Complete e-Checkin on the mobile app or website 15 minutes before your visit. You'll answer questions about your medical history and insurance coverage.**
4. **Pay for your visit with a credit card, debit card, or your HSA Bank Flexible Spending Account debit card.**

5. **Join a virtual waiting room, where a medical assistant will greet you and confirm your information.**
6. **Visit your OnDemand doctor.**
7. **After your appointment, find a summary of your visit in the MyChart app.**

### When you or your child can't wait for care

LiveHealth Online is there for you 24/7/365. Call 888-548-3432.
Pediatric services are not covered by OnDemand.

## LiveHealth Online

For pediatric services, or to see a board-certified doctor after hours, on weekends and holidays, and when you're out of state, visit LiveHealth Online, download the mobile app, or call **888-548-3432**.

# Prescription Drugs

**WHAT YOU NEED TO KNOW**

You automatically have prescription drug coverage when you enroll in the YNHHS Medical Plan. You can fill covered prescriptions at participating CVS retail pharmacies, through mail order, or through YNHHS Outpatient Pharmacy Services.

## Need to fill a prescription?

Find a participating pharmacy near you.
Connect with a local pharmacy cvs.com/store-locator/landing

## Filling Your Prescription

Your prescription will be covered only if it's filled at a participating pharmacy. To fill 30-day supply prescriptions, just present your prescription and CVS Caremark prescription drug card at a pharmacy in the CVS Caremark network. To fill a maintenance medication, you must use a CVS retail pharmacy, mail order, or visit a YNHHS Outpatient Pharmacy. For specialty medications, you'll need to use mail order or specialty pharmacy services, as described below.

In an emergency or if you're out of state and can't get to a participating pharmacy, you'll pay out of pocket and then file a claim for reimbursement from CVS Caremark.

## Pay nothing for certain preventive drugs

The Affordable Care Act (ACA) makes many prescription medications, vaccines, and supplements—including contraceptives and statins—available to you at no cost.
No-Cost Preventive Drug List: caremark.com/portal/asset/NoCost_Preventive_List.pdf

When you're covered by the YNHHS Medical Plan, the out-of-pocket maximum is the most you'll pay out of pocket for medical care and prescription drugs.

When a generic is available and you or your doctor chooses a brand-name drug, you'll pay the brand-name coinsurance—plus the difference in cost between the two medications.

## Save on Maintenance Drugs

For medications you take on an ongoing basis, you'll use the CVS Caremark Maintenance Choice program to get refills at a lower copay for a larger supply. With CVS Maintenance Choice, you get up to two 30-day fills at a retail pharmacy before you'll need to use CVS Caremark mail service or a CVS Pharmacy for 90-day fills.

## What You Pay for Fills

What you'll pay depends on the type of medication and the amount prescribed. When the cost of a drug is less than the minimum copay, you'll pay the lower amount.

### Tier 1: Generic

- **30-day supply: $10 copay**
- **90-day supply through CVS Maintenance Choice: $20 copay**

### Tier 2: Brand name

- **30-day supply: 20% coinsurance ($35 minimum, $80 maximum) if the drug is on the list of preferred brand drugs (the formulary)**
- **90-day supply through CVS Maintenance Choice: 20% coinsurance ($70 minimum, $150 maximum) if the drug is on the list of preferred brand drugs (the formulary)**

### Tier 3: Non-preferred brand

- **30-day supply: 40% coinsurance ($55 minimum, $120 maximum) if the drug isn't on the list of preferred brand drugs (the formulary)**
- **90-day supply through CVS Maintenance Choice: 40% coinsurance ($110 minimum, $230 maximum) if the drug isn't on the list of preferred brand drugs (the formulary)**

### Tier 4: Specialty

Up to a 30-day supply only through YNHHS Outpatient Pharmacy Services.

- **Generic and brand name: $20 copay**

For certain high-cost specialty drugs not available through Outpatient Pharmacy Services or the Apothecary & Wellness Center, you'll use CVS Specialty Pharmacy. These medications are subject to 40% coinsurance (up to $150 generic, $200 brand name).

## Preauthorization and Other Special Circumstances

### Compounded Medications

Some prescriptions, including compounded drugs, require preauthorization from CVS Caremark before they can be filled. Your pharmacist will let you know if your doctor needs to make that call.

### Breast Cancer Drugs

If you're taking raloxifene (brand name: Evista) or tamoxifen (brand name: Noladex) for primary prevention of breast cancer, these generics may be available at no cost to you through the preventive provisions of the Affordable Care Act. To learn if you qualify, your doctor will need to complete the Preventive Services Zero Cost Sharing Form and fax it to CVS Caremark.

## Step Therapy Program

The step therapy program requires you to try one or two generic equivalents before the brand-name drug will be covered.

Drug classes included in this program include medications that treat high cholesterol, high blood pressure, gastrointestinal disorders (GERD, for instance), sleep disorders, depression, and other conditions.

## Drugs and Supplies not Covered

The following drugs and medical supplies are not covered by the plan:

- **Medical devices and appliances**
- **Experimental drugs**
- **Drugs whose sole purpose is to promote or stimulate hair growth**
- **Retin A (for those over age 28)**
- **Weight-loss drugs**
- **Immunization agents, biological sera, blood or blood plasma**
- **Infertility medications**
- **Most over-the-counter drugs, vitamins, and nutritional supplements**
- **Ostomy supplies**

# Health Care FSA

**WHAT YOU NEED TO KNOW**

The Health Care Flexible Spending Account (FSA) helps you set aside money to pay for health care expenses you'll have during the year. The pluses: You contribute pretax income, so you're paying no taxes on your contributions—plus, your contributions reduce your taxable income.

## How It Works

When you elect your benefits as a new employee or during annual open enrollment, you choose your FSA contribution level for the calendar year (up to $2,750 in 2022).

**Important information about your 2021 and 2022 FSA!** Due to a temporary pandemic relief rule, there is no limit on the Health Care FSA balance you can roll over from 2021 into 2022. For example, if you have $700 balance at the end of this year, you can carry it all over into 2022 (the usual limit is $550).

During every open enrollment period, you'll elect the amount you want to contribute to your FSA the following year. Your election does not automatically roll over from year to year.

Your pretax paycheck contributions are deposited directly into your Health Care FSA, which is administered by HSA Bank.

You can use your FSA to pay for eligible expenses, including:

- **Copays and coinsurance**
- **Prescription drugs and over-the-counter medications (with a doctor's prescription)**
- **Medical equipment, like crutches, and supplies such as bandages**
- **Vision care, like eyeglasses and contact lenses**
- **Dental expenses, such as fillings and braces**

When you have eligible expenses, you can use your FSA debit card to pay for them. Or, you can submit receipts and file a claim for reimbursement.

## Managing Your Health Care FSA

You set up and manage your FSA on the HSA Bank website or via the mobile app. Then, you can upload receipts and submit claims, pay providers, and track your account balance and transactions.

You have until March 31 of the following year to submit receipts for reimbursement.

# Dental Benefits

**WHAT YOU NEED TO KNOW**

You can choose from two plans that cover all your dental needs, from routine exams and cleanings to major services like bridgework and crowns. Although you may see any dentist you like, when you visit a network dentist, you'll pay less and you won't have to file a claim.

## Find a participating dentist

The Delta Dental website makes it simple to locate a participating dentist in your area.
Connect with a network dentist: deltadentalct.com/ynhhs

## Plan Features

Choose from two plans: Delta Dental Basic or Delta Dental Plus

Both plans feature:

- **A nationwide network of Delta Dental dentists**
- **Discounted rates for using participating Delta Dental network dentists**
- **Preventive services at no cost to you**
- **Coverage for restorative services**
- **An oral health enhancement option that provides two additional cleanings a year for people with periodontal disease**

The key difference is that Delta Dental Plus covers more services and pays a higher annual maximum benefit, so it costs more per paycheck.

You can also choose to waive dental coverage.

## Know Before You Go

Before you sit down for a procedure that will cost more than $300, contact Delta Dental to request a predetermination of benefits. That way, you'll know how much the plan will cover and how much you'll need to pay.

## How the Plans Compare

Amounts shown are what you pay.

| Plan Feature | Delta Dental Basic | Delta Dental Plus |
|---|---|---|
| Annual Deductible<br>*(What you pay)* | Individual: $50<br>Family: $100 | Individual: $50<br>Family: $100 |
| **Preventive Services (no deductible)** includes routine exams, cleanings, x-rays, sealants, fluoride treatment for children under the age of 19 and other services | 0% of MAA* | 0% of MAA* |
| **Restorative Services** such as extractions and root canals | 20% of MAA* after deductible | 20% of MAA* after deductible |
| **Major Services** such as dentures, bridges, and crowns | Not covered | 50% of MAA* |
| Orthodontia | Not covered | 50% of MAA*<br>Lifetime maximum benefit per person: $1,700 |
| Temporomandibular Joint (TMJ) Disorder Treatment Services | Not covered | 50% of MAA*<br>Lifetime maximum benefit per person: $1,700 |
| Individual Maximum Calendar Year Benefit (excludes orthodontic and TMJ benefits) | $1,000 | $1,700 |

*Maximum allowable amount.

## If You Use an Out-of-Network Dentist

- **You may pay more for services because non-participating dentists have not negotiated fee discounts with Delta Dental.**
- **You may need to pay the dentist yourself and then submit a claim to be reimbursed by Delta Dental.**
- **If you need to submit a dental claim yourself, ask your dentist for a standard American Dental Association claim form.**

For complete details about covered expenses, exclusions, and limitations, visit HRConnect to review the summary plan description (SPD) for your dental plan.

# Vision Benefits

**WHAT YOU NEED TO KNOW**

The vision plans from Vision Service Plan (VSP) cover an annual eye exam and a pair of glasses or contact lenses every calendar year. They also offer discounts on other products and services.

## Find a participating doctor

You'll maximize your benefits and pay less out of pocket when you see a VSP doctor.
Connect with a network doctor: www.vsp.com/

## Plan Features

You can elect the Basic Vision Plan or the EasyOptions Premier Plan.

The EasyOptions Premier Plan provides a higher allowance for frames and lenses, and covers certain lens options in full.

Both plans offer discounts when you purchase contact lenses, additional glasses and sunglasses, and laser vision surgery through VSP providers. In addition, both plans offer the LightCare benefit for ready-to-wear (not prescription) sunglasses or blue light filtering glasses from a VSP provider.

### Basic Vision Plan

The Basic Vision Plan offers in- and out-of-network benefits. The table below shows what the plan pays for care.

| Plan Feature | In-Network Benefit | Out-of-Network Benefit |
|---|---|---|
| **Eye exam** (every 12 months) | 100% after $15 copay | Up to $45 |
| **Corrective lenses** (every 12 months) | 100% after $15 copay[1,2] | Single vision: Up to $45<br>Bifocal: Up to $65<br>Trifocal: Up to $85 |
| **Frames** (every 24 months)[2] | Up to $155, plus 20% discount | Up to $47 |
| **Contact lenses** (every 24 months)[3] | $155, plus 15% discount on VSP doctor services | Up to $105 |

[1] Standard lenses, including glass or plastic single vision, bifocal, or trifocal; copay includes lenses and frames.

[2] Selecting the LightCare benefit replaces the frame and lens benefit.

[3] When you select contact lenses instead of glasses.

## EasyOptions Premier Plan

With VSP EasyOptions, in addition to all the benefits of the Basic Vision Plan, you and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts:

| Plan Feature | In-Network Coverage Only |
|---|---|
| Frame allowance (every 12 months)[1] | Up to $250 |
| Elective contact lenses (every 12 months) | $200, plus covered contact lens exam after $60 copay |
| Progressive, photochromic, or anti-reflective lenses | Covered in full |

[1] Selecting the LightCare benefit replaces the frame benefit.

For complete details about covered expenses, exclusions, and limitations, visit HRConnect to review the summary plan description (SPD) for your vision plan.

# Employee & Family Resources

**WHAT YOU NEED TO KNOW**

Because life doesn't come with a playbook, the Employee & Family Resources (EFR) program, administered by Beacon Health Options, is here for you 24/7, at **no cost**. EFR connects you to the confidential support, referrals, information, and other resources you need to get you through the good and not-so-good times.

## Got more than you can handle?

Call toll-free, 24/7: 877-275-6226

## Program Features

EFR is our employee assistance and work/life program, and it provides free, confidential services and resources to you and members of your family, 24/7.

### What can you use it for?

- **Get help dealing with relationship issues, anxiety and depression, substance abuse, and more.**
- **Have up to six free sessions with a licensed counselor.**
- **Get referrals to legal and financial services.**
- **Locate the perfect summer camp for your kids, or an adult day care provider to watch an elderly parent while you're at work.**
- **Find resources, like videos, articles, and webinars covering a variety of topics, on the Beacon Health Options website (www.achievesolutions.net/ynhhs).**

Get help via phone, in person, or online.

Consider reaching out to a Beacon counselor for up to six free visits before accessing your Anthem behavioral health benefits, which require a copay.

# *living*welICARES

**WHAT YOU NEED TO KNOW**

Multiple medications. Doctor appointments. Screenings and tests. Lifestyle adjustments. There's a lot involved in managing a chronic condition. *living***welICARES** offers free, confidential chronic care management to employees and family members.

## Need support for a healthier lifestyle?

Even if you're not managing a chronic condition, you can tap the specially trained coaches at *living***welICARES** for help creating healthy new habits and reducing your risk factors.

### What's in It for You

Ongoing, one-on-one support to help manage your care plan. Even better—you may save on what you pay for condition-related medication and supplies.

### How It Works

Specially trained nurses partner with you and your doctors. You speak with them often, either by phone, virtually, or in person.

They help you schedule appointments, manage medications, and support the changes you may need to make to manage your health condition successfully. Best of all, they offer the inspiration you and your family need to achieve your wellness goals.

### How to Participate

Unless you opt out during Open Enrollment, you may receive an invitation to participate if your recent medical claims reflect a diabetes or high blood pressure diagnosis. You can also enroll on your own. Either way, participating is confidential and voluntary. Your personal health information is protected by HIPAA; neither management nor Human Resources have access to that information.

To enroll, call **888-533-3742**. The *living***welICARES** team of care coordinators and health coaches will set up a time to meet that's convenient for you.

### Maternity Support, Too

If you or your spouse/partner is expecting, you'll have access to these maternity resources when you enroll in *living***welICARES**:

- **A free Medela breast pump**
- **Free nutrition classes—whether you're expecting or thinking of becoming pregnant, simply send a quick email to sign up today**

# Quit For Life

**WHAT YOU NEED TO KNOW**

You can connect with the resources you need to quit tobacco forever through the American Cancer Society's Quit For Life® program. You and your covered dependents can participate in the program at **no cost** when you're enrolled in the YNHHS medical plan.

Quit For Life provides free round-the-clock, confidential, telephone-based coaching. No-cost nicotine replacement therapy is also available, with counseling. If you need tobacco-cessation prescription drugs (e.g., Chantix), they're covered at the Tier 1 generic level through your YNHHS prescription drug plan.

You can enroll in Quit For Life at https://www.quitnow.net/mve/quitnow or by calling **866-784-8454**.

# Education Support for Children

**WHAT YOU NEED TO KNOW**

When your child needs extra learning support or help taking that next educational leap, connect with the experts at Bright Horizons for free guidance and resources that address their unique needs.

## Special Needs Help

If your child is having trouble focusing, lagging behind developmentally, or struggling with social skills, you'll find personalized help from a compassionate Bright Horizons Special Needs™ advisor. You can also watch webinars to learn what you need to successfully guide and advocate for your child's education.

## College Advising

For students preparing to apply to college, there's College Coach. Offering expert guidance on the college admissions and financial aid process, college admissions consultants can help your child identify best-fit schools and review college admission essays.

To get started, visit Bright Horizons at https://clients.brighthorizons.com/ynhhs.

# Autism Spectrum Disorders

**WHAT YOU NEED TO KNOW**

Through Anthem's autism spectrum disorders (ASD) program, a team of dedicated clinicians and case managers guides you and your family through the complex care system while addressing your family's unique needs.

Your YNHHS medical plan includes coverage for applied behavior analysis (ABA) therapy.

The ASD program includes:

- Clinical review of your child's applied behavior analysis. **This ensures your child receives the right care from the right provider at the right time.**
- Coordination of care by case managers. **They develop a customized care plan that identifies available resources, secures access to care you may be missing, and facilitates collaboration among treatment providers.**
- Connection to community resources and support. **You need this to build a strong foundation of care and support for your family.**

To learn more, call **844-269-0538**.

# Dependent Care FSA

**WHAT YOU NEED TO KNOW**

Setting aside pretax dollars in a Dependent Care Flexible Spending Account (FSA) can help you save on child or adult day care expenses. The Dependent Care FSA covers eligible dependent care expenses, including preschool, summer camp, before- and after-school programs, and child and adult day care while you work.

## How It Works

When you elect your benefits as a new employee or during annual open enrollment, you choose your FSA contribution level for the calendar year (up to $5,000 if you and your spouse file taxes jointly; $2,500 if you file separately).

You'll need to elect your contribution level during open enrollment each year (as long as you have an FSA), because FSA elections don't roll over from year to year.

Your pretax paycheck contributions are deposited directly into your Dependent Care FSA, which is administered by HSA Bank.

## Managing Your Dependent Care FSA

You set up and manage your FSA on the HSA Bank website or via the mobile app. You have the option to pay dependent care expenses directly from your FSA using your HSA Bank debit card, or submit receipts and be reimbursed for expenses you pay out of pocket.

You have until March 31 of the following year to submit receipts for reimbursement.

# Contacts

### Enrolling & Benefits Information

HRConnect
Monday–Friday,
7:30 a.m. to 5 p.m. ET
844-543-2147
203-200-3838 (fax)
ynhhs.org/hrconnect

### Medical Benefits

Anthem Blue Cross and Blue Shield
844-963-0447
www.anthem.com/

Patient Resource Coordinators (PRC) Help finding a Tier 1 provider
844-543-2147, option 3

### COBRA

bswift
866-365-2413
Email: ynhhsbenefits.com

### Telehealth

LiveHealth Online
888-548-3432
https://livehealthonline.com/

OnDemand
833-483-5363
https://www.ynhhs.org/ondemand

### Prescription Drug Benefit

CVS Caremark
877-636-0406
https://www.caremark.com/

### YNHHS Outpatient Pharmacy Services

844-881-0043
203-230-0679 (fax)
https://www.ynhhs.org/patient-care/outpatient-pharmacy-services.aspx

### Specialty Pharmacy Services

844-881-0043
1100 Sherman Avenue, Hamden, CT 06510

### Apothecary and Wellness Center at Yale New Haven Hospital

203-789-4076
Saint Raphael Campus, 1450 Chapel Street, New Haven, CT 06511

### Dental Benefit

Delta Dental of Connecticut
800-452-9310
https://www.deltadentalct.com/ynhhs

### Vision Benefit

Vision Service Plan (VSP)
800-877-7195
https://www.vsp.com/

### Employee & Family Support Benefits

Beacon Health Options
877-275-6226
https://achievesolutions.net/ynhhs

### Care coordination, maternity resources, wellness coaching

*living*wellCARES
888-533-3742
http://dept.ynhh.org/livingwellCARES/SitePages/LivingwellCARES.aspx

### Smoking cessation

Quit For Life
American Cancer Society
866-784-8454
https://www.quitnow.net/mve/quitnow

### Education support for children

Bright Horizons
For children who need extra help
https://clients.brighthorizons.com/ynhhs
For individual advising
https://ynhhs-brighthorizons.torchlight.care/

College Coach
888-527-3550
ynhh@getintocollege.com
https://passport.getintocollege.com/
Employer Username: YNHHS
Password: Benefits4You

### Autism Spectrum Disorders (ASD) Program

844-269-0538

### Voluntary Benefits

YNHHS Voluntary Benefits
866-874-2837
http://www.ynhhsvoluntarybenefits.com/

### Financial Benefits

Dependent Care FSA
Health Care FSA
HSA Bank
844-650-8936
www.hsabank.com

### Disability and family/medical leave

The Hartford
888-301-5615
https://www.thehartford.com/

### Retirement 403(b)

Fidelity
800-343-0860
https://netbenefits.com/atwork

### Tuition assistance

EdAssist
844-266-1531
https://ynhhs.edassist.com/

# Terms to Know

### Claims Administrator

The insurance company or third party that reviews, approves, and pays benefits claims.

### Coinsurance

Once you've met your annual deductible, coinsurance is the percentage of costs you'll pay out of pocket for services covered by your plan (until you meet your out-of-pocket maximum for the calendar year).

### Compounded Drugs

Customized medications developed for an individual based on a doctor's prescription. Prescriptions for compounded medications will require prior authorization from CVS Caremark. They will be covered as Tier 3 medications. You can get 30-day fills at a CVS retail pharmacy; larger fills are available through the CVS Caremark Maintenance Choice program.

### Copay

The fixed amount you pay for an in-network service.

### Deductible

The amount you must pay for covered health services each year before the plan begins to pay its share of costs. The deductible may not apply to some services, including preventive care, in-network doctor visits, and services billed by a YNHHS facility.

Each family member covered under the plan must meet the deductible each calendar year. The deductible does not include copays, amounts exceeding the maximum allowable amount (MAA), prescription drug expenses, or expenses not covered by the plan.

Example: The individual deductible for the YNHHS Medical Plan is $1,750. When two covered members of your family have each met their $1,750 deductible, the $3,500 family deductible for the year will have been met. From then on, the plan will pay its share of costs for them and any other covered family member during that calendar year.

### Dependent Children Over Age 26

You can continue coverage for your fully handicapped dependent child past the child's 26th birthday only if you submit proof within 31 days of the child's 26th birthday that the child is disabled. Coverage will end in the following situations: when your child is no longer handicapped, if you do not provide proof of continued disability, if you fail to have any required exam for that child, or when dependent coverage terminates for any other reason.

### Diagnostic Care

Specific care and/or procedures that help a doctor investigate symptoms or test results and make a diagnosis.

Example: You typically receive preventive care during an annual checkup. If a preventive screening yields an abnormal result, you may receive diagnostic care to determine why.

### Maximum Allowable Amount (MAA)

The maximum amount that Anthem will pay for a covered service or the billed charge—whichever is lower. Applies to out-of-network services only.

### In-Network Provider

The facilities, providers, and suppliers that Anthem Blue Cross and Blue Shield has contracted with to provide health care services. The YNHHS plans have two types of in-network providers:

1. The Signature network includes: YNHHS facilities/hospitals, PCP's from NEMG, Community Medical Group (CMG), Yale Medicine (YM), WestMed in CT, Trinity Health of New England hospitals and affiliated physicians. Also included are specialists from YM, NEMG, CMG and Trinity Health, and those credentialed at YNHHS.
2. Anthem Preferred Provider Organization (PPO) includes providers and facilities in Anthem's Century Preferred network.

### Out-of-Network Provider

Any provider or facility that has not contracted with Anthem Blue Cross and Blue Shield and is not part of Anthem's Century Preferred network. Anthem will pay up to the maximum allowed amount (MAA) for these services, and all claims will be subject to applicable deductibles and coinsurance.

### Out-of-Pocket Costs

Any cost or fee that you pay for medical services, prescription drugs, or medical supplies. These include your annual deductible, and copays and coinsurance.

### Out-of-Pocket Maximum

The most you will pay in a calendar year for medical or prescription drug expenses. Once the out-of-pocket maximum has been met, the plan pays 100% of covered expenses for the covered person or family for the remainder of the calendar year, including copays and expenses that are applied toward the annual deductible.

The out-of-pocket maximum does not include benefit reductions due to failure to receive prior authorization, covered expenses paid at 100%, expenses exceeding the maximum allowed amount (MAA), expenses not covered by the plan, or employee premium contributions.

### Preferred Provider Organization (PPO)

Doctors, hospitals, and other providers who have agreed to negotiated fees with Anthem. Typically, you'll pay less than you would for services from a non-PPO provider.

### Preventive Care

Screenings, annual checkups, and patient counseling to prevent illness, disease, and other health problems. Under the Affordable Care Act (ACA), all health plans must cover certain preventive health services at no cost to the patient. Some prescription drugs are also considered preventive under the ACA and are covered at 100%.

### Primary Care Physician

A medical doctor who provides or coordinates health services for a patient. Primary care physicians are typically aligned with internal medicine, general or family medicine, and pediatrics practices.

### Prior Authorization

A decision reached by your health plan—before services are performed or purchases are made—that a health care service, treatment plan, prescription drug, or durable medical equipment item is medically necessary. Your plan may require prior authorization for certain services, except in an emergency. Prior authorization is not a promise that your plan will cover the cost. Prior authorization for prescription drugs ensures medications are safe and being prescribed for FDA-approved uses.

### Qualifying Life Event

A major life event—including marriage, divorce, a change in family size, or the loss of current coverage—that allows you and/or eligible family members to enroll in or make changes to your existing health coverage. If you experience a qualifying life event, you must make the change within 31 days on our enrollment site.

### Specialist

A physician who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain symptoms and conditions.

Examples include allergist, cardiologist, dermatologist, orthopedist, podiatrist, ear/nose/throat, gastroenterologist, OB/GYN, ophthalmologist.

### Voluntary Benefits

Products offered through an employer that the employer typically pays for at below-market rates. These can include life, disability, critical-illness, accident, homeowner's, auto, and pet insurance; ID theft protection; legal services; and other benefits.

## Documents & Forms

All documents and forms can be accessed on HRConnect. You'll also find summary plan descriptions, summaries of material modifications, carrier claim forms, and more.